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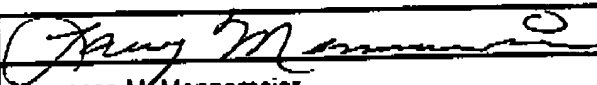
PTO/SB/Z1 (09-04)

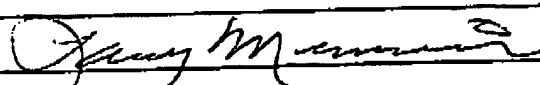
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/612.592	
	Filing Date	07/01/2003	
	First Named Inventor	William W. Macy JR.	
	Art Unit	2193	
	Examiner Name	Malzahn, David H.	
Total Number of Pages In This Submission	19	Attorney Docket Number	P15764

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Declaration under 37 CFR §1.132 signed by inventors
Remarks Response to non-final Office Action mailed 8/17/2006		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN		
Signature			
Printed name	Lawrence M. Mennemeier		
Date	February 20, 2007	Reg. No.	51,003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			Date
Typed or printed name	Lawrence M. Mennemeier		February 20, 2007

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2006**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,020.00)

Complete if Known

Application Number 10/612,592
 Filing Date 07/01/2003
 First Named Inventor William W. Macy JR.
 Examiner Name Malzahn, David H.
 Art Unit 2193
 Attorney Docket No. 42P15764

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Small Entity Fee (\$)
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Fee (\$)
 Multiple dependent claims Fee (\$)

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 - 20 or HP = x = Fee (\$) Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 3 or HP = x = Fee (\$) Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 - 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Request for three month extension (Fee Code 1253)

\$1,020.00

SUBMITTED BY

Signature Lawrence M. Mennember Registration No. 51,003 Telephone 408-765-2194
 (Attorney/Agent)
 Name (Print/Type) Lawrence M. Mennember Date February 20, 2007

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